



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2016**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>37280</b>		2. Exact name of the Corporation <b>LIFETIME FINANCIAL MANAGEMENT, INC.</b>							
3. Principal office address <b>235 Lonsdale Avenue</b>				City <b>Pawtucket</b>	State <b>R.I.</b>	Zip <b>02860</b>			
4. Business Phone No. <b>401-728-9898</b>				5. State of Incorporation <b>Rhode Island</b>					
6. Brief description of the character of business conducted in Rhode Island <b>Delivery of financial and other management services to the public: NSG SVC Agency</b>									
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>									
President Name <b>Louis Paolino</b>				Vice-President Name <b>Marie E. Issa</b>					
Street Address <b>19 Heritage Drive</b>				Street Address <b>19 Heritage Drive</b>					
City <b>Lincoln</b>	State <b>R.I.</b>	Zip <b>02865</b>	City <b>Lincoln</b>	State <b>R.I.</b>	Zip <b>02865</b>	RECEIVED SECRETARY OF STATE CORPORATIONS DIVISION 2016 MAR 30 AM 8:45			
Secretary Name <b>Marie E. Issa</b>				Treasurer Name <b>Louis Paolino</b>					
Street Address <b>19 Heritage Drive</b>				Street Address <b>19 heritage Drive</b>					
City <b>Lincoln</b>	State <b>R.I.</b>	Zip <b>02865</b>	City <b>Lincoln</b>	State <b>R.I.</b>	Zip <b>02865</b>				
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>									
Director Name <b>Marie E. Issa</b>				Director Name <b>Louis Paolino</b>					
Street Address <b>19 Heritage Drive</b>				Street Address <b>19 Heritage Drive</b>					
City <b>Lincoln</b>	State <b>R.I.</b>	Zip <b>02865</b>	City <b>Lincoln</b>	State <b>R.I.</b>	Zip <b>02865</b>				
Director Name				Director Name					
Street Address				Street Address					
City	State	Zip	City	State	Zip				
9. SHARES AUTHORIZED				10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE			
				102	Common	No Par			

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

**MAR 30 2016**

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Representative

Date

Print or Type Name of Authorized Representative

*Louis Paolino* 3-30-16  
 Louis Paolino

By 271247